In Re Application of

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

4

Art Unit: 1646

Application No.: 09/687,122

Conf. No 6984

Examiner: Joseph F. Murphy

Washington, D.C.

Filed: February 22, 2000

Arlington, VA 22202

Atty.'s Docket:

Date: September 5, 2003

THE COMMISSIONER OF PATENTS 2011 South Clark Place Crystal Plaza Two, Lobby, Room 1B03

TOTAL

INDEF

Transmitted herewith is a [XX] Amendment [XX] 11 References

in the above-identified application [] Small Entity Status: Applicant(s) claim small entity status. See 37 C.F.R. §1.27.

For: TNF RECEPTOR AND STEROID HORMONE IN A COMBINED THERAPY

No additional fee is required.

(Col. 1)

CLAIMS

REMAINING

AFTER

AMENDMENT

12

1

[XX] The fee has been calculated as shown below:

FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

SMALL ENTITY			
	RATE	ADDITIONAL FEE	OR
x	9	\$	
x	42	\$	
+	140	\$	

OTHER THAN SMALL ENTITY RATE ADDITIONAL FEE 18 ¢ 84 \$ 280 S l s

C-C 1646-1

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

MINIE

MINITE

- If the "Highest Number Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space
- If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

(Col. 2)

HIGHEST NO

PREVIOUSLY

PAID FOR

20

3

(Col. 3)

PRESENT

EYTRA

FOLIAL S

n

0

The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

ADDITIONAL FEE TOTAL \$

[XX] Conditional Petition for Extension of Time

If any extension of time for a response is required, applicant requests that this be considered a petition therefor

[XX] It is hereby petitioned for an extension of time in accordance with 37 CFR 1.136(a). The appropriate fee required by 37 CFR 1.17 is calculated as shown below:

Small Entity Other Than Small Entity Response Filed Within Response Filed Within 1 1 First - \$ 55.00 DXXI First - \$ 110.00 Second - \$ 205.00 Second - \$ 410.00 1 1 1 1 Third - \$ 465.00 Third - \$ 930.00 [] Fourth - \$ 725.00 Fourth Month After Time Period Set Month After Time Period Set

- [] Less fees (\$____ ___) already paid for ___ month(s) extension of time on __
- Please charge my Deposit Account No. 02-4035 in the amount of \$
- [XX] Credit Card Payment Form, PTO-2038, is attached, authorizing payment in the amount of \$110.00
- [] A check in the amount of \$ _ is attached (check no.).
- [XX] The Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpayment to Deposit Account No. 02-4035. This authorization and requests in oil limited by sowment of all fees associated with this communication, including any Extension of Time fee, not covered by check or specific authorization, but is also intended to include all fees for the presentation of extra claims under 37 CFR 51, 6and all patient processing fees under 37 CFR 51, 6and all patient processing fees under 37 CFR 51. The online the processing fees under 37 CFR 51. The online the processing fees the presentation of the control of t under 37 CFR §1.18.

BROWDY AND NEIMARK, P.L.L.C.

Attomeyer for Applicant(s)

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